



# EDA-98-E Claim for Credit (audited periods only) (Excise Taxes and Fees)

## Read this information first.

- Complete this form only if you have overpaid audited periods for Excise Taxes and Fees. For a list of reports covered by this form, see Step 2.
- Please attach the audit report along with copies of any pertinent information involving this claim to this form. If you are a multiple-site filer, complete and attach a copy of Form EDA-117-E, Multiple Location Schedule.

## Step 1: Identify your business.

- 1 Account ID: \_\_\_\_\_ License no: \_\_\_\_\_
- 2 Audit period you are filing the claim on: \_\_\_\_\_
- 3 Business name \_\_\_\_\_
- 4 Mailing address \_\_\_\_\_  
Street address City State ZIP
- 5 Daytime telephone number (\_\_\_\_\_) \_\_\_\_\_

## Step 2: Mark the tax type for this claim for credit. (Check only one type per claim form.)

- |  |   |
|--|---|
| <input type="checkbox"/> DS-1-A, Dry-Cleaning Solvent Tax Audit Return                                 | <input type="checkbox"/> RHM-1-C, Hotel Operators' Occupation Tax Audit Report                          |
| <input type="checkbox"/> EDA-21, Pull Tabs Audit Report  | <input type="checkbox"/> RL-26-AR, Liquor Revenue Airline Audit Return                                  |
| <input type="checkbox"/> EDA-21B, Bingo Audit Report   | <input type="checkbox"/> RL-26-W-A-Audit, Liquor Revenue Direct Wine Shippers Audit Return              |
| <input type="checkbox"/> EDA-21-CG, Charitable Games Audit Report                                      | <input type="checkbox"/> RL-65, Liquor Tax Audit Report   |
| <input type="checkbox"/> EDA-35 Motor Fuel Tax Distributor/Supplier Audit Report                       | <input type="checkbox"/> RMFT-144-A, Alternative Fuels Audit Report                                     |
| <input type="checkbox"/> EDA-96 Underground Storage Tank Tax and Environmental Impact Fee Audit Report | <input type="checkbox"/> RPU-6-A, Assistance Charges Audit Return for Electricity Distributors          |
| <input type="checkbox"/> EDA-111, IFTA Motor Fuel Use Tax Audit Report                                 | <input type="checkbox"/> RPU-13-A, Electricity Excise Tax Audit Report                                  |
| <input type="checkbox"/> ICT-4-A, Electricity Distribution and Invested Capital Tax Audit Report       | <input type="checkbox"/> RT-2-A, Telecommunications Tax Audit Report                                    |
| <input type="checkbox"/> IDR-909-A, Qualified Solid Waste Energy Facility Payment Audit Form           | <input type="checkbox"/> RT-10-A, Telecommunications Infrastructure Maintenance Fee (TIMF) Audit Report |
| <input type="checkbox"/> RC-6-AR, Out-of-State Cigarette Revenue Audit Return                          | <input type="checkbox"/> TP-1A, Tobacco Products Tax Audit Return                                       |
| <input type="checkbox"/> RC-28, Cigarette Revenue Audit Report   |   |
| <input type="checkbox"/> RC-44-A, Illinois Cigarette Use Tax Audit Return                              |   |
| <input type="checkbox"/> RG-1-A, Gas Revenue Tax Audit Report  |   |
| <input type="checkbox"/> RG-6-A, Assistance Charges Audit Return for Natural Gas Distributors          |   |

## Step 3: Explain the reason why you are filing a claim for credit.

Please turn page to complete Steps 4 and 5. 

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

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## Step 4: Figure your overpayment.

Round your figures to whole dollars.

	<b>Column A</b> <b>Amounts assessed in</b> <b>original audit</b>	<b>Column B</b> <b>Corrected amount</b>
<b>1</b> Tax or fee	<b>1</b> _____	<b>1</b> _____
<b>2</b> Penalty	<b>2</b> _____	<b>2</b> _____
<b>3</b> Interest	<b>3</b> _____	<b>3</b> _____
<b>4</b> Add Lines 1, 2, and 3. This is the total amount due.	<b>4</b> _____	<b>4</b> _____
<b>5</b> Amount paid on audit		<b>5</b> _____
<b>6</b> Subtract Line 5 from Line 4. This is the amount overpaid.		<b>6</b> _____
<b>7</b> Date audit paid _____		

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## Step 5: Sign below.

Under penalties of perjury, I state that I have examined this claim for credit and, to the best of my knowledge, it is true, correct, and complete.

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Taxpayer's signature

Title

Date

Mail the information to:

AUDIT BUREAU  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19012  
SPRINGFIELD IL 62794-9012